



JOHN E. FOGARTY
INTERNATIONAL
CENTER

Advisory Board

Summary Minutes of Fifty-ninth Meeting

February 8, 2005

U.S. Department
Of Health and
Human Services

National Institutes of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
National Institutes of Health

John E. Fogarty International Center
for Advanced Study in the Health Sciences

Advisory Board
Summary Minutes

Date: February 8, 2005
Place: Lawton Chiles International House
National Institutes of Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
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John E. Fogarty International Center
for Advanced Study in the Health Sciences

Minutes of the
Advisory Board

Fifty-ninth Meeting
February 8, 2005

The John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) convened the fifty-ninth meeting of its Advisory Board on Tuesday, February 8, 2005, at 8:40 a.m., in the Conference Room of the Lawton Chiles International House, National Institutes of Health (NIH), Bethesda, Maryland. The meeting was open to the public from 8:40 a.m. to 12:10 p.m., followed by the closed session, from 1:00 p.m. to adjournment at 2:00 p.m., as provided in Sections 552b(c) (4) and 552b(c) (6), Title 5, U.S. Code, and Section 10 (d) of Public Law 92-463, for the review, discussion, and evaluation of grant applications and related information.¹ Dr. Sharon Hrynkow, Acting Director, FIC, presided as chair. The Board roster is appended as Attachment 1.

Board Members Present:

Dr. Patricia M. Danzon
Dr. Wafaie Fawzi
Dr. Douglas C. Heimburger
Dr. Arthur Kleinman (by telephone)
Dr. Sharon L. Ramey
Dr. Robert R. Redfield
Dr. Lee W. Riley
Dr. William A. Vega

Board Members Absent:

Dr. Elizabeth Barrett-Connor
Mr. Dikembe Mutombo²
Dr. Burton H. Singer
Dr. Jean A. Wright
Dr. May L. Wykle

¹ Members absent themselves from the meeting when the Board discusses applications from their own institutions or when a conflict of interest might occur. The procedure applies only to individual applications discussed, not to *en bloc* actions.

² Appointment pending.

Members of the Public Present:

Dr. Louis Kanda, George Washington University, and Board, Dikembe Mutombo Foundation

Federal Employees Present:

Dr. Zakir Bengali, FIC/NIH
Dr. Amar Bhat, OGHA/DHHS
Mr. Kevin Bialy, FIC/NIH
Dr. Joel Breman, FIC/NIH
Dr. Kenneth Bridbord, FIC/NIH
Dr. Paul Brownstein, FIC/NIH
Mr. Bruce Butrum, FIC/NIH
Ms. Jennifer Cabe, OSG/DHHS
Dr. Richard Carmona, OSG/DHHS
Dr. Ana Chepelinsky, FIC/NIH
Dr. Lois K. Cohen, NIDCR/NIH
Mr. Gregg Davis, FIC/NIH
Ms. Karen Drayton, FIC/NIH
Mr. Robert Eiss, FIC/NIH
Dr. Jean Flagg-Newton, FIC/NIH
Ms. Mollie Fletcher, FIC/NIH
Dr. Henry Francis, FIC/NIH
Dr. Dan Gerendasy, CSR/NIH
Dr. Ruth J. Hegyeli, NHLBI/NIH
Dr. Karen Hofman, FIC/NIH
Mr. George Herrfurth, FIC/NIH
Dr. Sharon Hrynkow, FIC/NIH
Dr. Dean Jamison, FIC/DCPP
Mr. Andrew Jones, FIC/NIH
Ms. Patricia Jordan-Williams, FIC/NIH
Dr. Flora Katz, FIC/NIH
Dr. Danuta Krotoski, NICHD/NIH
Dr. Linda Kupfer, FIC/NIH
Ms. Judy Levin, FIC/NIH
Ms. Sonja Madera, FIC/NIH
Mr. John Makulowich, FIC/NIH
Ms. Alisa A. McCullar, FIC/NIH
Ms. Jacqueline McEachin, FIC/NIH
Dr. Kathy Michels, FIC/NIH
Dr. Mark Miller, FIC/NIH
Mr. Richard Miller, FIC/NIH
Ms. Sherri Park, NICHD/NIH
Dr. Joshua Rosenthal, FIC/NIH
Ms. Julia Royall, FIC/NIH
Ms. Peggy Schnoor, OSPP/OSP/OD

Dr. Barbara Sina, FIC/NIH
Mr. Marc Stern, OCPL/OD
Ms. Natalie Tomitch, FIC/NIH
Ms. Brinah White, FIC/NIH
Mr. Randolph Williams, FIC/NIH

FUTURE MEETING DATES

The following meeting dates are confirmed:

Tuesday, May 24, 2005
Tuesday, September 13, 2005

Tuesday, February 7, 2006
Tuesday, May 23, 2006
Tuesday, September 12, 2006

All subcommittees of the Board will meet on the Monday preceding each Board meeting.

I. CALL TO ORDER

Dr. Sharon Hrynkow called the meeting to order and welcomed two new Board members: Dr. William A. Vega and Dr. Arthur Kleinman (who attended by telephone). She also welcomed a special guest, Dr. Louis Kanda, George Washington University.

Dr. Hrynkow then introduced the first speaker for the morning, Dr. Richard Carmona, U.S. Surgeon General, Department of Health and Human Services (DHHS). Dr. Carmona, the 17th U.S. Surgeon General, was appointed on August 5, 2002. To this position, he brings experience as a combat-decorated veteran, trauma surgeon, community health advisor, clinical practitioner, medical school faculty member, and medical system administrator. His experience and vision span medicine and public health nationally and internationally.

II. GLOBAL PUBLIC HEALTH: MEETING THE CHALLENGES, MAKING THE CONNECTIONS

Dr. Carmona described his life experiences and their influence on his interests, passion for global health, and portfolio as U.S. Surgeon General. He noted that he benefits from the mentoring of five former Surgeon Generals, who previously confronted the intersection of politics and public health.

Early in his youth, Dr. Carmona learned about health problems related to lack of access to care, disease prevention, and culture and diversity—major issues in public health. From his grandmother, he learned about the values of community and community services. A first-

generation American, Dr. Carmona was born into a poor Hispanic family in New York City, dropped out of high school, and received a high school-equivalency diploma while in the U.S. Army. Serving in Vietnam as a medic and weapons specialist with the Special Forces, he learned about the desperate poverty in other countries and he realized, for the first time, the importance of global health. All of these experiences were complemented later by academic endeavors.

Returning from Vietnam, Dr. Carmona attended the City University of New York, completed medical school, and later pursued graduate training in public health and business education. As a trauma surgeon in critical care, Dr. Carmona recognized daily that he was a “repairer of social stresses” (e.g., violence, alcoholism, obesity) that are largely behavioral and preventable. He noted that, with this recognition, he was “driven” toward public health. For two decades, Dr. Carmona worked on the U.S.–Mexico border to establish complementary health care systems and to administer Arizona state medical systems. He came to understand the health and health care problems of immigrant and incarcerated populations, the movement of diseases across borders daily, and the extent of preventable diseases [e.g., human immunodeficiency virus (HIV) infection, tuberculosis, sexually transmitted diseases].

Dr. Carmona commented that, as U.S. Surgeon General, he feels “the weight of the world” and is trying to develop a portfolio that is evidence-based and that will “protect and advance the health of the nation.” With the support and encouragement of the Administration, he is focusing on four areas: prevention of disease, preparedness (e.g., education and training of first responders, building resilience and capacity in society), health disparities (e.g., in access to care and health outcomes), and health literacy (i.e., effective translation of science to the public to change health behaviors, reduce morbidity and mortality, and increase health and wellness). Dr. Carmona is communicating these emphases internationally as well.

Two initiatives of particular interest are the (i) “The Year of the Healthy Child” and (ii) the first Surgeon General’s Report on Global Health. With regard to the former, the Office of the Surgeon General is adopting a holistic approach to focus on the period from *in utero* to adolescence and on selected, evidence-based activities (e.g., increasing the involvement of fathers in childrearing, promoting prenatal care to ensure healthy live births, breastfeeding, immunizations, good nutrition, and attention to obesity) to prevent the development of chronic diseases and conditions.

Dr. Carmona emphasized that he is firmly committed to global health. In this respect, the U.S. Public Health Service has a corps of approximately 6,000 commissioned officers who are stationed in approximately 800 locations around the world and who are contributing to health and safety in almost every country of the world. In addition, the Office of Surgeon General has embarked on a project to write the first Surgeon General’s Report on Global Health. In spring/summer 2005, Dr. Carmona will issue the first Surgeon General’s Call to Action on Global Health. This call to action will outline issues in global health and state why the American public should be engaged in global health. Dr. Carmona thanked FIC for its partnership in developing the call to action and invited the Board to attend the announcement. The full Surgeon General’s report will be developed over the next 2 years.

Dr. Carmona noted that public health and global health can be used as tools for peace and stability in an otherwise unstable world. Health diplomacy based on cooperation and respect for others' ideologies, religions, and approaches to life can help to make the world healthier and safer. He noted that he made these points at a recent meeting with colleagues at the Pan American Health Organization and the World Health Organization (WHO). Their discussions focused on the globalness of preparedness and the need to understand and undo the genesis of terrorism, which arises, in large part, from inequities in the world. Dr. Carmona encouraged FIC and the Board to help "get the message out" about global health to the American public and voters.

Discussion

Dr. Carmona noted that the position of U.S. Surgeon General has become a "global" position because of U.S. leadership in the world and the potential to use public health as a tool to achieve peace and stability. He emphasized the importance of addressing chronic diseases by preventing behaviors that initiate disease processes. Dr. Carmona highlighted the need to improve health literacy and to encourage individuals to contribute to improving their health and health care. In one initiative that ties family history to health literacy, the Office of the Surgeon General teamed with the National Human Genome Research Institute to develop a family history form that can now be downloaded from the Surgeon General's Web site (<http://www.hhs.gov/familyhistory/>) or obtained from local libraries. Individuals complete the forms privately and can take them to their health care providers to address their history and discuss their concerns.

Dr. Carmona emphasized that promotion of health literacy is a translational issue. The science to improve health exists, but is not being disseminated or understood. To promote health literacy, all the results of good science must be translated to diverse populations in a culturally competent manner. This effort entails understanding different cultural and world views and involving community leaders who are respected and can encourage changes in health and health care.

The Board applauded Dr. Carmona for his inspiring leadership and agreed that, in the 21st century, health will "drive" diplomacy. Members cautioned that educating the American public and politicians to understand that global health is the fundamental centerpiece of U.S. foreign policy (and not just foreign aid) could take decades. Dr. Carmona emphasized that U.S. citizens are the "drivers" of this process, which is an intergenerational endeavor.

The Board noted that health care is not a priority in many developing countries because of competing interests. Dr. Carmona noted that public health can "sell itself" in developing countries because population-wide public health measures (e.g., clean water, sanitation, vitamin supplementation, food preparation) are inexpensive, tolerable by governments, and highly effective. The U.S. Public Health Service is one proven model among many in the world, and the United States can help other countries establish similar systems. Public health offers many opportunities for making a difference at very little cost.

The Board also applauded The Year of the Healthy Child initiative. Members encouraged the Surgeon General to expand the timeframe from *in utero* to pre-conception in order to address

important issues affecting children's health (e.g., father's and mother's pre-conception health, spacing of pregnancies) and to maximize interventions.

III. FOGARTY IN BRAZIL: A GENEALOGY OF INFECTIOUS DISEASE TRAINING AND RESEARCH

Dr. Lee W. Riley, FIC Board member and Professor of Infectious Diseases and Epidemiology, School of Public Health, University of California at Berkeley, described his research in Brazil during the past 13 years and the impact of FIC research training on this research. Most of the studies were conducted in Salvador and Bahia in northeastern Brazil and in São Paulo and Rio de Janeiro in southern Brazil.

Dr. Riley tracked the progression of FIC support that enabled his research career and development. Beginning in 1990, he joined a Cornell University team as a junior faculty member. The principal investigator, Dr. Warren Johnson, had an AIDS International Training and Research Program (AITRP) award, which was renewed in 1993 and again in 1998. In 1997, Dr. Johnson received an FIC International Training and Research Program in Emerging Infectious Diseases (ITREID) award. That same year, Dr. Riley, who had moved to the University of California at Berkeley, also received an ITREID grant; and in 1998, he received an ITREID-Tuberculosis award. Dr. Riley received an FIC Global Infectious Disease Research Training Program award in 2003.

Dr. Riley noted that AITRP support stimulated new research directions in studying tuberculosis in Brazil (e.g., molecular epidemiology), enabled him to meet and develop long-term collaborations with researchers in Brazil, and provided for the training of U.S. students on site in Brazil. These scientists have gone on to train other scientists, direct research and clinical departments in Brazilian institutions, obtain additional research grants, become faculty members at U.S. institutions (e.g., Albert Ko of Cornell), and win the prestigious President's Science Medal in Brazil. The collaborations with U.S. researchers continue to this day.

With ITREID support, Dr. Riley has conducted research and research training on major diseases and conditions affecting the poorest individuals in Brazil. He noted that, of all nations, Brazil has the greatest disparity between low- and high-income segments of the population. In favelas in Bahia, São Paulo, or Rio de Janeiro, he and his team are studying leptospirosis, bacterial meningitis, nosocomial infections, and multidrug-resistant tuberculosis. In addition, he and his colleague Dr. Eva Harris, at the University of California, Berkeley, are studying dengue in Nicaragua and, with an ITREID supplemental grant, they are investigating hepatitis C in Prague, Czech Republic.

The research in Brazil has had major effects. Dr. Riley noted, in particular, that the publication of research findings on leptospirosis in the international journal *Lancet* in 1999 aroused government interest and immediate action. The published research findings stimulated improved sanitation and other public health measures, extension of disease surveillance to additional cities, and organization of clinical programs in hospitals.

Dr. Riley also reported that the model of conducting small research projects and publishing the findings in international journals is an effective one for stimulating government action. He emphasized that the support of research training programs by FIC, though small grants, has a very large impact. With his initial ITREID grant, he has been able to train many individuals from Latin America and the Caribbean and the Czech Republic—30 in U.S. institutions and more than 50 in-country. Of these individuals, 12 received a Ph.D. degree, 8 received a master's degree, and 3 received an M.P.H. degree; 28 have published peer-reviewed articles; and 29 are conducting research. Dr. Riley also has been able to train U.S. scientists, one of whom, at Cornell University, recently received his own FIC research training grant.

Dr. Riley noted that the progression of research funding has sustained the collaborations between U.S. and Brazilian scientists and institutions and has generated additional funding from these institutions. FIC support also made possible the training of community workers to staff community health centers and fostered additional support from other organizations such as the Ellison Medical Foundation.

Discussion

Dr. Riley noted that small grant supplements are an effective way to “jump start” or expand research in a particular area. He also reported that researchers in developing countries often see other diseases, such as hypertension, which present even greater problems than the diseases under study, but are not receiving adequate attention. Additional funds, if available, could be used to begin to address the other important disease problems.

IV. CONSIDERATION OF MINUTES OF PREVIOUS MEETING

The minutes of the Advisory Board meeting of September 14, 2004, were considered and accepted unanimously.

V. REVIEW OF CONFIDENTIALITY AND CONFLICT OF INTEREST

The rules and regulations pertaining to conflict of interest were maintained.

VI. REPORT OF THE DIRECTOR

Dr. Hrynkow reported on personnel changes, the budget, major events, programs and initiatives, and diplomatic activities occurring at FIC since the September Board meeting. The written Report of the Director, which was mailed to Board members, is appended to these minutes as Attachment 2. Additional details on most of the items summarized below are provided in Attachment 2.

Personnel Changes

DHHS. Dr. Hrynkow reported that Secretary of Health and Human Services **Tommy G. Thompson** announced in early December 2004 that he would resign from this position. Secretary Thompson was a stalwart proponent for combating the global burden of HIV/AIDS and was a major advocate for prevention of chronic diseases. **Michael O. Leavitt** was confirmed as Secretary, DHHS, on January 26, 2005. Mr. Leavitt was Administrator of the Environmental Protection Agency and, formerly, a three-term Governor of Utah.

NIH. **Dr. Elizabeth G. Nabel** was appointed director of the National Heart, Lung, and Blood Institute (NHLBI), effective February 1, 2005. Previously, she was Scientific Director of Clinical Research in the NHLBI Intramural Research Program. Dr. Nabel will continue her laboratory research on the genetics of cardiovascular disease. **Dr. David B. Abrams** was selected as Associate Director of Behavioral and Social Sciences and Director, Office of Behavioral and Social Sciences Research (OBSSR), Office of the Director, in January 2005. He was the founding director of Brown University's Centers for Behavioral and Preventive Medicine at The Miriam Hospital. Dr. Hrynkow anticipated that FIC would interact strongly with Dr. Abrams because of the Center's interest in behavioral and social sciences, and she welcomed the Board's advocacy and advice on developing this interaction.

FIC. **Mr. Richard Millstein**, Acting Deputy Director, began an assignment at Catholic University of America in October 2004. Dr. Hrynkow noted that he will be sorely missed at FIC. **Mr. John Makulowich** joined FIC in November 2004 as Communications Director (see section VII below for his presentation on FIC communications), and **Ms. Charlotte Quinn**, Office of Communications, retired in December 2004. Recently, as part of the restructuring of the NIH program support function, seven new NIH Division of Extramural Administration and Support (DEAS) staff joined the FIC Division of International Training and Research (DITR) and the FIC Grants Office.

FIC Budget

Dr. Hrynkow reported on the FIC budget for Fiscal Year (FY) 2005 and FY 2006.

FY 2005. The FIC budget for FY 2005 is approximately \$66.6 million. In addition, FIC will receive approximately \$26 million in cofunding from other NIH institutes and centers (ICs) and Federal agencies.

FY 2006. The President's Budget for FY 2006 proposes to increase the FIC budget to slightly more than \$67 million, or about 0.6 percent (\$416,000) over the FY 2005 budget. Dr. Hrynkow noted that the proposed increase is comparable to the increases proposed for other ICs. She said that, in this time of low budget growth, FIC will focus on its partnerships. In the congressional justification for FY 2006, FIC highlighted eight areas of emphasis. These included three global health challenges and five initiatives to support infrastructure and skill-building.

The three global health challenges on which FIC will focus are HIV/AIDS, brain disorders, and obesity in the developing world. Depending on the availability of funds, FIC plans to

(i) expand the AITRP and the International Clinical, Operational, and Health Services Research Training Award Program for AIDS and Tuberculosis (ICOHRTA-AIDS/TB); (ii) partner with the National Institute of Neurological Disorders and Stroke to support research and research training in brain disorders; and (iii) highlight obesity in research initiatives [e.g., the Fogarty International Research Collaboration Award (FIRCA), the Global Health Research Initiative Program for New Foreign Investigators (GRIP)].

To build infrastructure and skills, FIC plans to initiate or expand programs to support global health, combat the brain drain, and develop global health thinkers. The five planned initiatives are: (i) the launching of Framework Programs for Global Health (see below) in FY 2005; (ii) expansion of GRIP, as feasible, and support for new NIH alumni associations in additional countries (see below); (iii) expansion of the FIC–Ellison Fellowship Program in Global Health and Clinical Research; (iv) re-energizing of the Fogarty Scholars-in-Residence program; and (v) creation of a corps of NIH Science Diplomats for overseas assignments.

Dr. Hrynkow noted that the agenda for FY 2006 is ambitious, but doable. Partnerships will be key and the setting of priorities will be crucial. Dr. Hrynkow welcomed the Board's input on how FIC can accomplish its plans during this time of low budget growth.

Major FIC/NIH Events

David E. Barmes Global Health Lecture. On December 6, FIC and the National Institute of Dental and Craniofacial Research (NIDCR) sponsored the fourth annual David E. Barmes Global Health lecture at the NIH. Dr. Jong-wook Lee, Director-General, WHO, presented a lecture on “Health Challenges for Research in the 21st Century.” The lecture series is dedicated to the memory of Dr. David Barmes who was a champion for using science to improve the health of people in poor countries. The text of Dr. Lee's remarks is available on the FIC Web site (<http://www.fic.nih.gov>).

92nd Indian Science Congress. Dr. Hrynkow reported that she participated in the 92nd Indian Science Congress, in Ahmedabad, India, in January 2005. Both the President and the Prime Minister of India participated and spoke about the need to use science more effectively for development. In her presentation on “Global Health and Women,” Dr. Hrynkow addressed gender and global health and career issues for women in science. Later, in New Delhi, she met with government officials to discuss the NIH agenda, including, for example, ways to streamline the review and clearance of grant applications from Indian scientists.

The Mexico Summit. In November 2004, Dr. Hrynkow and several other FIC staff joined Dr. Elias Zerhouni, Director, NIH, who represented Secretary Thompson at the Summit on Global Health Research, in Mexico City. The summit was sponsored by the Government of Mexico and WHO, and it attracted approximately 40 Ministers of Health and other government representatives. The purpose was to examine the health challenges of the United Nations Millennium Development Goals. Dr. Zerhouni spoke about the NIH Roadmap for Medical Research and its close linkage to global health. One major recommendation from the summit was the need for health systems research, a topic that will be addressed at the World Health Assembly in May 2005. Dr. Hrynkow welcomed the Board's guidance on how FIC could most effectively engage the NIH and DHHS to address this need.

International Women's Day. On March 8, 2005, FIC and the Office of Research on Women's Health, Office of the Director, NIH, will host an event at the NIH to mark International Women's Day. This event is an opportunity to celebrate the accomplishments of foreign women scientists in the NIH intramural research program. Three scientists will be featured.

Programs and Initiatives

Framework Programs for Global Health. In February 2005, FIC will launch a new program, entitled Framework Programs for Global Health. The objectives are (i) to link multiple schools (e.g., business, journalism, social science, engineering) within a university, or coupled universities, on the topic of global health and (ii) to energize a next generation of global health leaders by developing undergraduate and graduate curricula on global health. Dr. Hrynkow noted that FIC developed this effort based on a September 2004 consultation at FIC with scientists from developing countries, FIC grantees, deans and administrators in U.S. academia, and representatives from other Federal agencies. (See section VIII below for more details.)

NIH Alumni Associations Abroad. In FY 2004, FIC and the National Institute of Environmental Health Sciences (NIEHS) launched five pilot alumni associations in India, China, Brazil, Mexico, and South Africa. The aims are (i) to help scientists from developing countries overcome isolation on their return home after receiving training in the United States and (ii) to provide a forum for these scientists to share expertise and knowledge. (See section VIII below for more details.)

Fogarty–Ellison Fellowship Program in Global Health and Clinical Research. Dr. Hrynkow reported that FIC received more than 120 applications from medical, nursing, dental, and public health students for a second class of fellows in this program. (In FY 2004, the first year of the program, FIC received 79 applications.) In March 2005, by invitation, 50 of the students will come to the NIH for a “match” with FIC grantees and their counterpart institutions in developing countries. From these 50 students, 25 will be chosen for fellowships. In August, the students will return to the NIH for orientation and, in September, they will begin their fellowship. Dr. Hrynkow noted that, in this second year, FIC was able to increase the number and types of research sites, which are now located in 18 countries, including 4 additional countries (Bangladesh, China, Russia, and Tanzania); the number of U.S. students and their counterparts will increase from 20 to 30; and the number of applications received from nursing and public health students also increased. Depending on the availability of funds, FIC hopes to expand this program further in FY 2006.

Disease Control Priorities Project (DCPP). The FIC cosponsors this project in partnership with WHO and the World Bank and with major support from The Bill and Melinda Gates Foundation. The project brings together health professionals, scientists, and economists to address a range of disease areas and conditions and to recommend interventions that would be most effective. As the coordinating secretariat for the project, FIC is receiving and tracking the drafts of chapters planned for the publication.

Diplomatic Activities

Focus on Indigenous Peoples. Dr. Hrynkow reported that Dr. Zerhouni signed a Letter of Intent with Dr. Alan Bernstein, his counterpart at the Canadian Institutes of Health Research, to consider common areas of research interest on issues affecting indigenous peoples. FIC fostered this exchange in collaboration with the U.S. Indian Health Service and its counterpart in Canada.

Bilateral Discussions in Mexico and China. Dr. Hrynkow noted that, while attending the Summit on Global Health Research, in Mexico City, in November 2004, she and Dr. Zerhouni met with leaders of Instituto Nacional de Salud (Mexico), Consejo Nacional de Ciencia y Tecnología de Mexico (CONACYT), and the Autonomous University of Mexico (UNAM). They discussed ways to strengthen NIH partnerships in Mexico. As a result, NIH is exploring development of new collaborations specifically with UNAM.

At the 11th U.S.–China Joint Commission Meeting on Science and Technology Cooperation, in Washington, D.C., in October 2004, FIC encouraged increased cooperation in neuroscience. Both NIH and Chinese institutions are focusing new attention in this field. Dr. Hrynkow noted that Dr. T. K. Li, Director, National Institute of Alcohol Abuse and Alcoholism, gave a strong presentation on the growing problem of alcoholism in China and on opportunities for research cooperation.

Outreach: Ties with the Department of State and D.C.-based Diplomatic Corps. FIC continues to reach out to inform officials at the U.S. Department of State and foreign diplomats about the NIH and FIC. In September 2004, at the invitation of the U.S. Department of State, Dr. Hrynkow presented an overview of the NIH mission and FIC activities in global health at a course on environment, science, technology, and health. In October 2004, she represented the NIH at a DHHS-sponsored briefing for foreign diplomats.

VII. FIC COMMUNICATIONS PROGRAMS

Mr. John Makulowich, Communications Director, FIC, briefly described a communications strategy for the Center. This strategy is driven by the FIC mission: “to address global health challenges through innovative and collaborative research and training programs and also to support and advance the NIH mission through international partnerships.” Mr. Makulowich noted that, by effectively using technology as a tool for disseminating information, FIC can add value to the users of FIC information and to FIC programs. The Internet, in particular, makes possible “mass customization”—the targeting of specific information to specific audiences worldwide. Mr. Makulowich commented on three parts of the FIC strategy: the FIC home page, LISTSERVs, and the newsletter *Global Health Matters*.

FIC Home Page. The FIC home page is a major portal for information about FIC and its programs. Mr. Makulowich demonstrated the revisions that FIC is making to its home page to add value and to accommodate the needs and interests of users in the United States and overseas. He noted that the current design and content of the FIC home page are not compliant with Federal regulations (e.g., relating to individuals with disabilities). The design of the revised home page incorporates (i) a linear approach, (ii) more text and fewer graphics, and (iii) side icons. This

design improves accessibility to FIC information, particularly for researchers in other countries who often have low Internet hookup speeds.

FIC is also adding content to the home page. For example, the revised home page includes (i) new and upcoming items of interest (e.g., presentations by the FIC Director) for FIC grantees and foreign scientists, (ii) job openings, (iii) teleconferences (e.g., on the grants review process), and (iv) success stories of FIC supported research and training activities (as conveyed, for example, in peer-reviewed articles, newsletters, and presentations). FIC provides these materials in Portable Document Format (PDF), which enables users to retrieve documents easily in whole or in part for their own use (e.g., in presentations). FIC encourages principal investigators to contribute to this process of outreach and information dissemination.

FIC LISTSERVs. The FIC has established several LISTSERVs for targeting information to specific audiences. Because “all news is local,” FIC has created separate “eDistribution Lists,” or LISTSERVs, to accommodate the needs and interests of three different users: FIC grantees, the press (media representatives), and FIC friends. The LISTSERV for FIC grantees includes more than 500 subscribers currently, and FIC is encouraging foreign scientists to subscribe. Through the LISTSERV for the press, FIC distributes information to more than 30 subscribers currently, as well as more than 11,000 subscribers on the NIH LISTSERV for press. The LISTSERV for FIC friends includes more than 500 subscribers currently who are interested in FIC activities and who are neither grantees nor press. Using these LISTSERVs, FIC will be able to disseminate specific information (e.g., pertinent to particular countries or topics) directly to individuals with an interest in this information.

FIC Newsletter. In three issues each year, the FIC newsletter, entitled *Global Health Matters*, highlights FIC science, programs, and grantees.

VIII. NEW FIC PROGRAMS

Framework Programs for Global Health

Dr. Flora Katz, Program Director, DITR, presented an overview of the new Framework Programs for Global Health. Her remarks expanded on Dr. Hrynkow’s previous comments (see section VI above).

Dr. Katz noted two overall goals for the Framework Programs: (i) to catalyze and support U.S. and developing country institutions in their building of integrated programs in global health and (ii) to give these institutions a foundation, or framework, for building comprehensive programs in global health and for leveraging these programs into global health centers at universities. The Framework Programs will (i) provide a “glue” for combining and coordinating existing programs and resources, (ii) widen the dialogue by engaging disciplines other than public health in addressing multidimensional global health problems, and (iii) offer a visible structure for bringing the next generation of students into the pipeline of global health leaders and for establishing networks that will create future global health agendas.

FIC views this initiative as the next step in its efforts to use a systems approach to build capacity in developing countries. Dr. Katz noted that FIC currently supports 29 multidisciplinary programs focusing on different areas of research and research training (e.g., HIV/AIDS) for scientists in developing countries. In addition, FIC recently introduced programs to develop core capabilities (e.g., in bioethics, informatics) in these countries. The Framework Programs will “glue together” these efforts and help to make FIC training sustainable. For U.S. institutions, the Framework Programs provide a means for them to coordinate their diverse programs, build new educational opportunities, respond to students’ interests in global health, and contribute creatively to global welfare.

Activities that might be accomplished in the Framework Programs include development of multidisciplinary curricula; organization of administrative structures to manage interactions and partnerships; training (e.g., in grantwriting, scientific writing, research procedures, best laboratory practices, leadership, and research evaluation); mentoring; and sponsorship of internships in global health. FIC will offer these activities as suggestions and rely on the institutions to propose activities that address their needs.

Several features are requisite for applicant institutions. Applicants must propose multidisciplinary programs, make a commitment beyond the period of the grant (to ensure sustainability), and already have some activity in global health. FIC will encourage applications from both single institutions in the United States or developing countries or institutions that already have relationships with other institutions. To help ensure that institutions in developing countries are competitive, FIC will offer planning grants for institutions in these countries.

FIC Support Alumni Associations Overseas

Dr. Kenneth Bridbord, Director, DITR, expanded on Dr. Hrynkow’s previous remarks about FIC and NIEHS support of alumni associations in India, China, Brazil, Mexico, and South Africa. (see section VI above). Dr. Bridbord noted that the first awards, in FY 2004, were made as administrative supplements to five AITRP awards. The AITRP program director working with China expanded his effort to include Thailand. Currently, FIC and NIEHS are pursuing establishment of alumni associations in Uganda and in Central and Eastern Europe. FIC-supported trainees and visiting fellows in the NIH intramural program are eligible to participate in the pilot NIH Alumni Association of Visiting Fellows.

FIC is taking several additional actions to support implementation of this initiative. These include: (i) developing an inventory of FIC trainees who have returned to their home countries, (ii) establishing LISTSERVs to communicate with former and present FIC trainees, and (iii) surveying FIC grantees to identify activities that would be most valuable for returning trainees.

Dr. Bridbord said that the establishment of alumni associations is a “work in progress.” He also noted that it is a welcomed and important strategy for building capacity in science, research, and public health in developing countries and for combating the problem of brain drain.

IX. DISCUSSION

Dr. Hrynkow welcomed the Board's comments, discussion, and advice. The Board inquired about the policy on indirect costs for grant awards to developing countries (e.g., for physical research infrastructure support) and commented on research facilities in developing countries, the participation of undergraduates in the Framework Programs, and inclusion of social sciences in FIC programs. The Board also inquired about the support and sustainability of alumni associations.

Research Facilities. The Board highlighted the need for funds to support development of physical research infrastructures in developing countries. Dr. Hrynkow noted that FIC does not have authority for this activity and that new legislation would be required to obtain this authority. However, FIC is currently considering ways to partner with other organizations (e.g., the World Bank, pharmaceutical companies, local institutions and governments, other U.S. agencies) that would support construction and renovation of research facilities in conjunction with FIC support for research training.

The Board emphasized that the lack of adequate research facilities is a major impediment to building capacity for research. Members noted the following: (i) most developing countries cannot afford to build research facilities; (ii) U.S. institutions would have difficulty absorbing the NIH investment in foreign academic institutions to promote research if indirect support were not included for enhancing research facilities; and (iii) the "matching" feature of the Framework Programs could allow institutions to leverage FIC support to gain private funds for building research facilities. The Board encouraged FIC to (i) develop and articulate a strategy for leveraging FIC training funds to help meet the various need for these facilities in different countries and (ii) include the potential building of facilities as demonstration of an institution's commitment to the Framework Programs.

Undergraduates in Framework Programs. The Board noted the importance of engaging students at the undergraduate level. Regarding curriculum development, the Board referred FIC to a curriculum that is being developed for high school students by a tuberculosis consortium in California.

Social Sciences. The Board emphasized that economists and other social scientists, from both the United States and developing countries, need to be included in discussions and programs to build human infrastructure and skills for research on global health problems.

Alumni Associations. The Board asked about the long-term sustainability of the alumni associations (e.g., through membership fees). Dr. Bridbord noted that each association will have to address this issue and that the FIC survey of grantees may suggest some ways to foster sustainability. In response to questions, Dr. Hrynkow noted that virtually all FIC training programs are supported in partnership with other NIH components and that the alumni associations will be for these FIC/NIH foreign trainees, as well as foreign intramural scientists. NIH staff suggested that FIC could augment its efforts by informing trainees about other NIH alumni networks and lists of contact research institutions. Dr. Bridbord noted that scientists at the National Institute of Allergy and Infectious Diseases (NIAID) maintain a major interface with trainees formerly supported by FIC and NIAID.

X. REVIEW OF APPLICATIONS

Dr. Hrynkow chaired the remainder of the meeting during which the Research Awards Subcommittee reported on its activities. The FIC Advisory Board reviewed a total of 62 scored competing applications at its February 8 meeting.³ The applications were in the following programs:

- 23 applications for the Fogarty International Research Collaboration Award (FIRCA) program, out of a total of 68 applications, for \$736,000;
- 21 applications for the Global Health Research Initiative Program for New Foreign Investigators (GRIP), out of a total of 68 applications, for \$999,950;
- 12 applications for the Fogarty International Collaborative Trauma and Injury Research Training Program (ICTIRT), out of a total of 18 applications, for \$2,476,086.

The Board concurred with the initial review group recommendations for 62 out of 62 applications.

XI. ADJOURNMENT

There being no further business, the meeting was adjourned at 2:00 p.m. on February 8, 2005.

CERTIFICATION

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

Sharon Hrynkow, Ph.D.
Chairperson, Fogarty International
Center Advisory Board, and
Acting Director,
Fogarty International Center

Jean Flagg-Newton, Ph.D.
Executive Secretary, Fogarty International
Center Advisory Board,
Fogarty International Center

ATTACHMENT

Board Roster

³ Applications that were noncompetitive, unscored, or not recommended for further consideration by initial review groups were not considered by the Board.

Abbreviations Used in the Minutes

AIDS	-	Acquired Immunodeficiency Syndrome
AITRP	-	AIDS International Training and Research Program
CONACIT	-	Consejo Nacional de Ciencia y Tecnología de Bolivia
CSR	-	Center for Scientific Review
DCPP	-	Disease Control Priorities Project
DEAS	-	Division of Extramural Administration and Support
DHHS	-	U.S. Department of Health and Human Services
DITR	-	Division of International Training and Research
FIC	-	John E. Fogarty International Center for Advanced Study in the Health Sciences
FIRCA	-	Fogarty International Research Collaboration Award
FY	-	Fiscal year
GRIP	-	Global Health Research Initiative Program for New Foreign Investigators
HIV	-	Human immunodeficiency virus
ICOHRTA-AIDS/TB	-	International Clinical, Operational, and Health Services Research Training Award Program for AIDS and Tuberculosis
ICs	-	Institutes and centers
ICTIRT	-	Fogarty International Collaborative Trauma and Injury Research Training Program
ITREID	-	International Training and Research Program in Emerging Infectious Diseases
NHLBI	-	National Heart, Lung, and Blood Institute
NIAID	-	National Institute of Allergy and Infectious Diseases
NICHD	-	National Institute of Child Health and Human Development
NIDCR	-	National Institute of Dental and Craniofacial Research
NIEHS	-	National Institute of Environmental Health Sciences
NIH	-	National Institutes of Health
OBSSR	-	Office of Behavioral and Social Sciences Research
OD	-	Office of the Director
OCPL	-	Office of Communications and Public Liaison
OGHA	-	Office of Global Health Affairs
OSG	-	Office of the Surgeon General
OSP	-	Office of Science Policy
OSPP	-	Office of Science Policy and Planning
PDF	-	Portable Document Format
WHO	-	World Health Organization

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